

TRANSMITTAL FORM

Attorney Docket No.
STL000040US1
1716RCE

In re the application Kevin Blair

Confirmation No: 2095

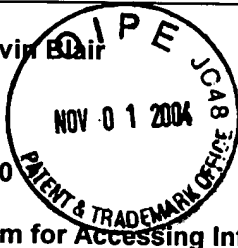
Serial No: 09/733,429

Group Art Unit: 2171

Filed: December 8, 2000

Examiner: Thai, Hanh B.

For: Method and System for Accessing Information On A Network



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 NOV 5 2004
 Group 2100

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief (in triplicate)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input checked="" type="checkbox"/>	Other Enclosure(s) (please identify below): Copy of Form PTO-1449
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	42	45	0	\$18.00	\$ 0.00
Independent Claims	3	3	0	\$88.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>09-0460</u> (IBM Corporation)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Reg. No. 30, 801
Signature	
Date	October 26, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 26, 2004

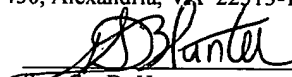
Type or printed name	Saundra D. Hunter
Signature	

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41



CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on **October 26, 2004**.


Sandra D. Hunter

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: October 26, 2004

Kevin D. BAIR

Confirmation No. 2095

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Examiner: Thai, Hanh B.

For: **METHOD AND SYSTEM FOR ACCESSING INFORMATION
ON A NETWORK**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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RESPONSE

Sir:

In response to the Office Action dated July 26, 2004, please enter the following remarks in the present application.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.